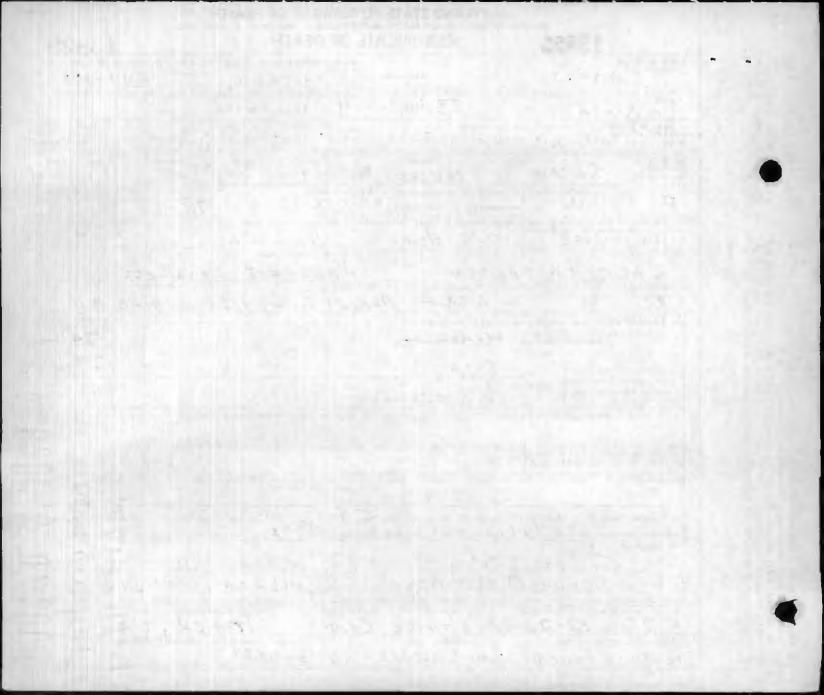
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13855

| 1 | o. COUNTY | ARLES | MARYLAND | o. STATE | ere deceased lived. If institution b. COUNTY | on: Residence befare admission) CHARLES | | | |
|---|---|--|----------------------------------|--|--|--|--|--|--|
| 1 | b. CITY OR TOWN (I | f outside corporate limits, earest town) | write c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF o | utside corporate limits, write RI | URAL and give nearest town) | | | |
| 6 | CT OF INSTITUTION | ANS NEW | 1 1 at 1/2 mm A | 135 Mat | tingly an | e. IS RESIDENCE ON A FARM? YES NO | | | |
| | 3. NAME OF DECEASED (Type or print) | SARAH | FRANCES | BUSHEY | 4. DATE Moni | 19 19 (c) | | | |
| | 5. SEX | FA . | MARRIED NEVER MARRIED DIVORCED | 3/31/83 | 9. AGE (In years lost birthday) yrs. | Months Doys Haurs Min. | | | |
| 1 | HOUSE | king life, even if retired) | OWN HOME | VIRGI | N,A | 12. CITIZEN OF WHAT COUNTRY? | | | |
| / | 13. FATHER'S NAME | e PATTE | ERSON | MARGAR | LOVEL | 255 | | | |
| | | R IN U. S. ARMED FORCE (If yes, give wor or dates of servi- | | LBERT BUSH | EY, FNDIANT | HEAD, MD. | | | |
| | | ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | per line for (o), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | Conditions, if a | 23days | | | | | | | |
| 9 | cause (o), stoting the under- lying cause last. DUE TO (c) Typicatemat on | | | | | | | | |
| | PART II. OTH | HER SIGNIFICANT CONDIT | TIONS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIV | PERFORMED? YES NO [2] | | | |
| | | AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER) | b. DESCRIBE HOW INJURY OCCURR | ED. (Enter noture of injury in I | 'art 1 or Part 11 of item 18.) | | | | |
| | 20c. TIME OF INJUR Haur a. m. p. m. | Y Month, Day, Year 19 | | LACE OF INJURY (Hame, farm actary, street, affice bldg., etc. | | (County) (State) | | | |
| | 21. I certify the | | attended the deceased from. | | | 1961, that (1) (we) lost and on the date stated above. | | | |
| | 22a. SIGNATURE | Acros | oddy. | M.D. ATTENDING MI | , | 19 Dec 6 | | | |
| 1 | 22c. PHYSICIAN'S NAME (Type) | ARTHUR C | o. Wobday | 22d. ADDRESS LA PL | ATA . MAK | RYLAND | | | |
| | 23a. BURIAL, CREMATIC REMOVAL (Specify) | ON, 23b. DATE THEREOF | 6/ POHICK | CEM. | 23d. LOCATION (City, town, or POHICK) | or county) (Stole) | | | |
| | The HUNT | 'S SIGNATURE | HOME WALDORD | | EC 2 2 '61 25b, REGI | STRAR'S SIGNATURE | | | |



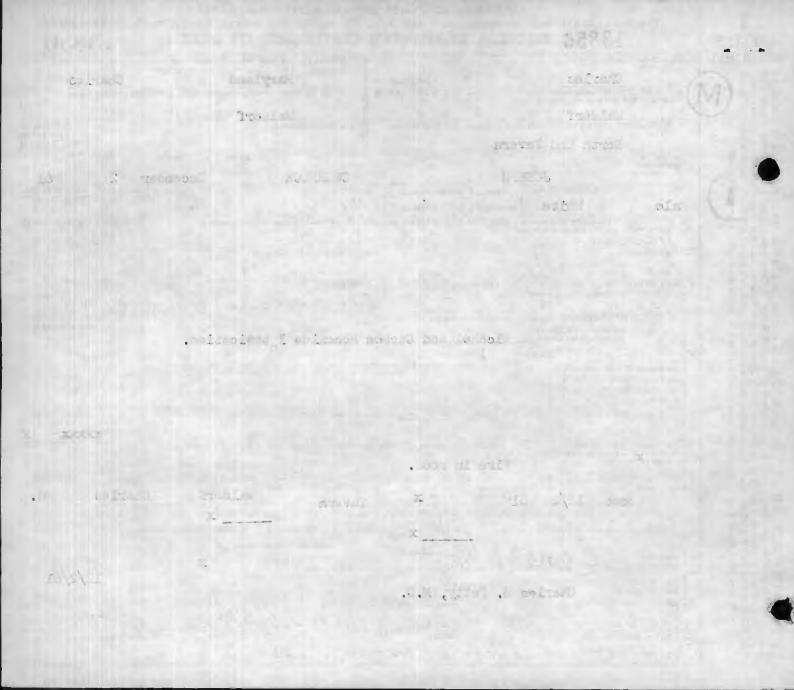
FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pendin in them 18. Give Pages 1, 2, and 3 to connect director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may-be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 output each death.

VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13830

| 1. PLACE OF DEATH | | | | | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) | | | | | | |
|-------------------|---|---|------------------|----------------------------|---|-----------------------|-----------------------|----------------|-------------------------------|--|--|
| 1 | Cha | arles | | MARYLAND | a. STATE Maryland b. COUNTY Charles | | | | | | |
| / | b. CITY OR TOWN (if write RURAL and | outside corporate limit giva nearest lown) | S, | c. LENGTH OF STAY IN 1b | c, CITY OR TOWN (| (If outside corpore | te limits, write RURA | L end giva nae | erast town) | | |
| 1 | Wa. | dorf | | | | dorf | | | | | |
| | d. NAME OF HOSPIT | AL OR INSTITUTION (ii | not in hosp | ital, give streat eddress) | d. STREET ADDRESS | | | | o. IS RESIDENCE ON A FARM? | | |
| | Noz | | ¥1. ¥2. | | | YES NO | | | | | |
| 1 | 3. NAME OF DECEASED | First | | Middle | Last | 4. DATE | Month | Day | Year | | |
| ļ | (Type or print) | JOSE | PH | | CHARNOCK | DEATH | December | 2 | 19 61 | | |
| | 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 3 | . DATE OF BIRTH | | GE (In years IF UND | | UNDER 24 HRS. | | |
| | Male | White | WIDOWED | DIVORCED _ | MAY 31.19 | 907 12 | yrs. Month | rs Days | Hours Min. | | |
| 1 | 10a. USUAL OCCUPATION dona during most of world | ON (Give kind of work | 10b. KIN | ND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE Stole | or foreign countr | y) 12. | CITIZEN OF | WHAT COUNTRY? | | |
| J | HANDY | and all and | 01 | 2005 JUBS | OHIO | 2 | | U.5 | A. | | |
| - | 13. FATHER'S NAME | | | A. No. | 14. MOTHER'S MAIDEN | NAME | - | | | | |
| | BENJAM | IN F. C | HAR | NOCK | CIARA | MAY | PARKS | | | | |
| 1 | 15. WAS DECEASED EVE (Yes, no, or unkown) (If) | R IN U.S. ARMED FOR | ES? 16. S | OCIAL SECURITY NO. 17. | NFORMANT | | Address | | - | | |
| 1 | VES | WWII | LAICE) | | CRA CHAR | NOCK | WALDON | DE N | 27. | | |
| | 18. CAUSE OF DE | ATH [Enter only one | cause per lin | ne for (a), (b), end (c).] | 430700 | + | 2000 | A | VAL BETWEEN | | |
| ı | PART I DEATH WAS CAUSED BY. | | | | | | | | | | |
| | MMEDIATE CAUSE (a) Alcohol and Carbon Monoxide I toxication. | | | | | | | | | | |
| 1 | Conditions if any | 11016 DUE TO | | | | | | | | | |
| - | | Conditions, if eny, which (b) gave rise to immediate cause | | | | | | | | | |
| 1 | | (e), staling the underlying DUE TO | | | | | | | | | |
| | cause lest. | cause last. (c) | | | | | | | | | |
| 1 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? | | | | | | | | | | |
| | EV. | | | | | | | 5050 | KOOK NO 3 | | |
| | PART II. OTHER 200. EXTERNAL CAL PRIMARY SO or CON CAUSE OF DEATH. | JSE WAS 20 | b. DESCRIB | E HOW INJURY OCCURED. (| nter neture of injury in Per | t I or Part II of ite | m 18.) | | | | |
| 86. | | ITRIBUTING [] | Fire | in room. | | | | | | | |
| q | 3 20c. TIME OF INJUR | Y Month, Day, Yea | | JURY OCCURRED 200. PLA | | | lown) (| (County) | (State) | | |
| 4 | 20c. TIME OF INJUR | 12/2 19 6 | Whila et work | Not While | ory, street, office bldg., etc. | Walder | f Ch | arles | Md. | | |
| I | | | | ins described above, he | Taverh | Inspection x | Inquiry . | , and in | my opinion | | |
| ı | death resulted fr | death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner | | | | | | | | | |
| 1 | | CHIEF MEDICAL EXAMINER | | | | | | | | | |
| | ACTUAL SIGNATURE | (halle | 05/ | other . | M.D. ASSISTANT MEDI | ICAL EXAMINER | x | DAT | TE SIGNED | | |
| | | Comme | | | DEPUTY MEDICAL | | | 12. | /2/61 | | |
| | EXAMINER'S NAME (Typs) | Charles | S. Pe | etty. M.D. | Addrass (Straat, e | city, town, or cou | nty) | 1~/ | ~/ 01 | | |
| | 22a. BURIAL, CREMATION REMOVAL (Spacify) | | | 2c. NAME OF CEMETERY OF | | | (City, lown, or cou | ntry) | (State) | | |
| - | BURIAL | 12-5-6 | 1 | ARLINGTON. | NATIONAL | ARLIN | USTON, L | 1, RGi | NIA | | |
| 1 | 23. FUNERAL DIRECTOR | | .1 | ADDRESS | 24e. REC | D BY REGISTRAR | 246. REGISTRAR | | | | |
| | The Hunt | t Funera | 1 Hom | e WALDORF | MD. DATDEC | 6 '61 | Critica & | 8. Kraua | | | |
| å. | | | | 1 | | | | | | | |

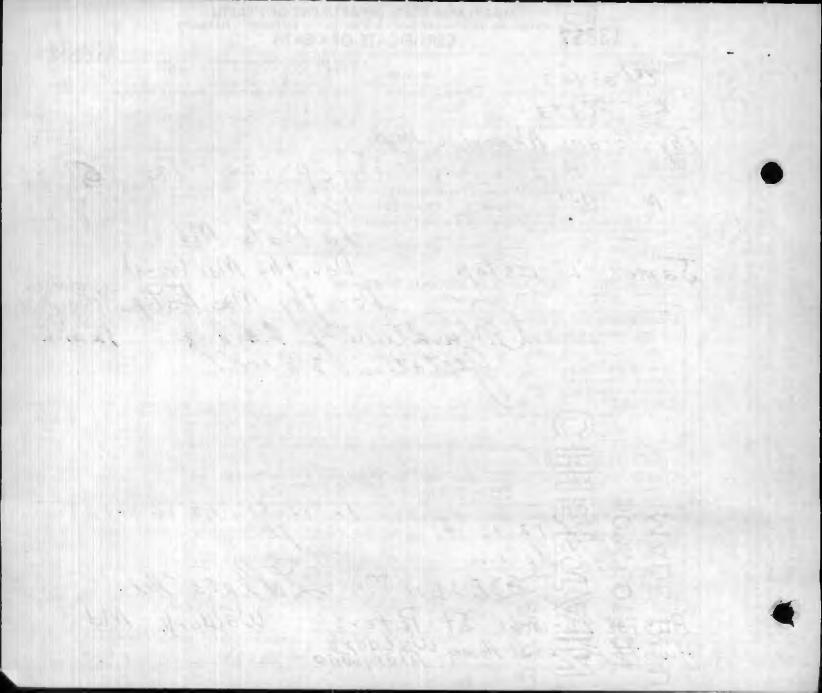


VR A15 (4) 1SM 9/S9

40004

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

|) | 1. PLACE OF DEATH o. COUNTY o. STATE O. STA |
|---|--|
| | b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) |
| | NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES \(\sum NO \(\sum \) |
| | 3. NAME OF DECEASED (Type or print) BABY BOY ESTEP. 4. DATE Month Of DEATH 12 |
| | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. MARRIED NEVER MARRIED 7. S. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Wors Min. |
|) | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Sames L. Esteb Dorothy Mae Gough |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Tep Maryan |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The control of |
| | Conditions, if any, which gave rise to immediate (b) Gestation 128 well- |
| | cause (a), stating the under. DUE TO lying cause last. (c) |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) |
| | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. P. m. 19 at wark at wark at wark 1 a |
| | 21. I certify that (I) (this bospital) attended the deceased fram. 15 1961, ta 12-16, 1961, that (I) (we) last |
| | saw the deceased alife and 1961, and that death accurred at 75M, from the causes and an the date stated abave. 22a, SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. |
| | 22c. PHYSICIANUS ENERGY ENERGY ENERGY FINS. DELEN 11 22d. ADDRESS Aflata Med |
| | 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMESTERY OF CREMATORY 23d. LOCATION (Sity, town, or county) Md. (Stote) PRIMOVAL (Specify) /2-18-6/ St. Teters Waldorff, Md. |
| | 24, FUNERAL DIRECTOR'S SIGNATURE HUNTT Funeral Home Mary Land DATE DEC 19'61 Common & Trush |
| | 2066202XVI |



FOR STATE HEALTH DEPT TO LEUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Velelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Juneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, or removal, and in any event within 72 hour after death.

VS. AISME

11 :1

1

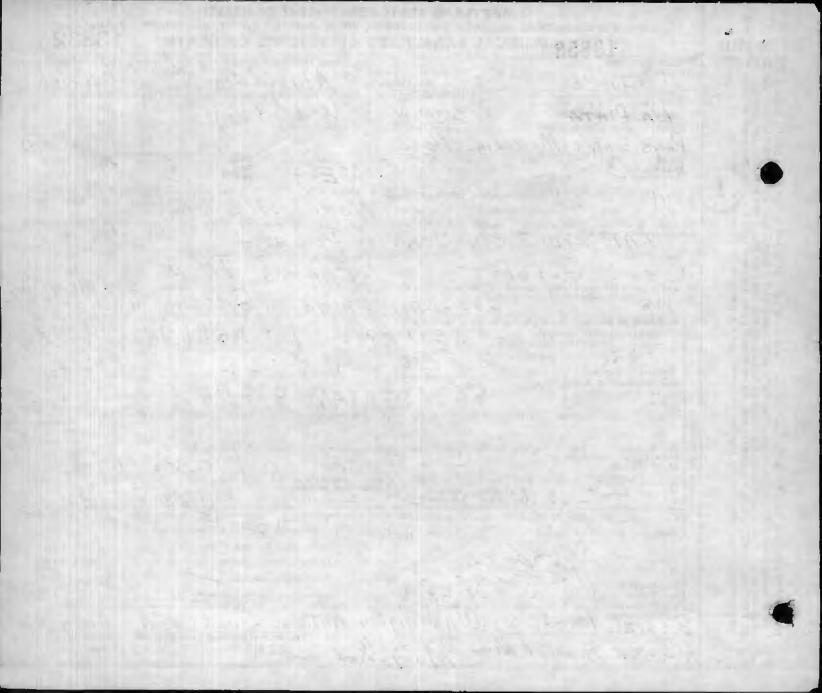
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13832 13858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

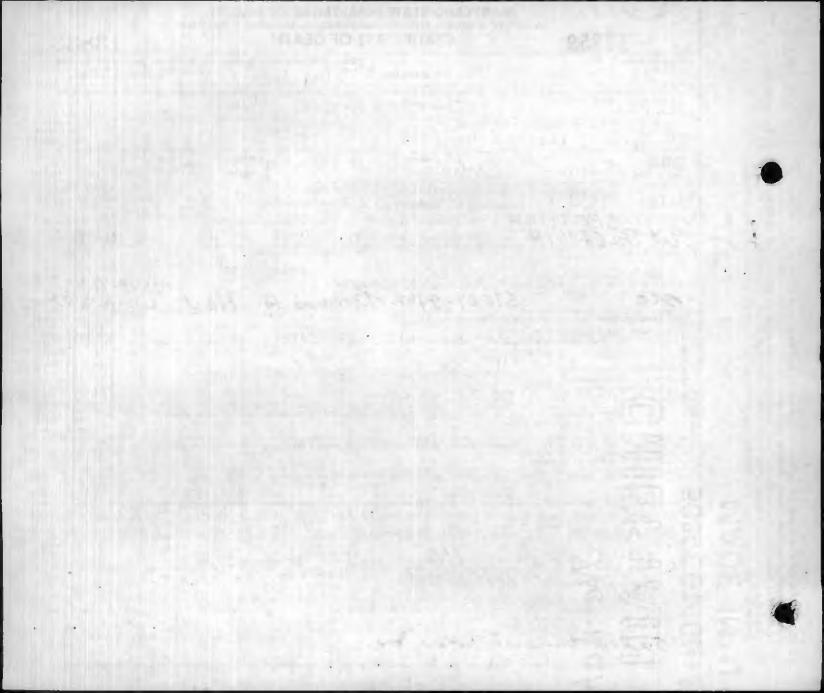
| | A PLACE OF DEATH | 2. USUAL RESIDENCE (Where dacessed lived, if Institution: Residence before admission) |
|----|---|--|
| V |) County ay les MARYLAND | o. STATE ZUL (and b. COUNTY Charles |
| _ | b. City OR JOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) |
| | wille, RURAL and give nearest town 30 M, N. | XWZ Cdoxfe |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS O. IS RESIDENCE |
| | PHYSICIABIS MEMORIAL HOSE. | ON A FARM? |
| Ш | 3. NAME OF A A First Middle | Last 4. DATE Month Day Year |
| | DECEASED (Type or print) | SPERT DEATH 12 22 1961 |
| | 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. |
| | WIDOWED DIVORCED / | 100. 8, 1902 59 vs. |
| | 10e. USUAL OCCUPATION (Give kind of work done during most at working Jife, avan if retired) | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | LATOORER ODD JOBS | Locano 12 H. |
| | 13. EATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Carl Geppert | Emma Mom |
| | 15. WAS DECEASED EVER IN U.S. ARMID FORCES? 16. SOCIAL SECURITY NO. 17. I | NFORMANT - Address 219 Mary and |
| | 10 220-28-7224 | Emma E. Gott Lied, Wash 28 DC |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | A I INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: | 1 1 10 11 HAGE 12-23-61 |
| | DUE TO E A A | |
| | Conditions, if any, which (b) | UNULL 12-61 |
| | gove rise to immediate cause DUE TO | 2 'act 11 (1 B , A , 1 1) 22 . |
| 1 | cause last. (c) | LIAVY HITHY HUTO 12.236C |
|) | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING PRIMARY or CONTRIBUTING CAUSE OF DEATH. | YES NO |
| | 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E | nter nature of injury in Part I or Part I of Item 18.) |
| 7 | | HUTO (YC) CS+RIAN) |
| 9 | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. RCA | CE OF INJURY (Homa, ferm, 20f, (City or fown) (County) (State) ory, street, office bldg., etc.) |
| | Hour p.m. /2-23 19 6 at work all work | HWAY WALDERFCHAS 171) |
| | 21. I certify that I took charge of the remains described above, he | Id an Autopsy , Inspection Inquiry and in my opinion |
| | death resulted from: Natural causes . Accident | de . Homicide . Undetermined manner |
| | N// n = 1019 | CHIEF MEDICAL EXAMINER |
| | ACTUAL SIGNATURE | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 1. | EXAMINER'S | DEPUTY MEDICAL EXAMINER |
| , | NAME (Type) IN V. P. VR LE/V | Address (Street, city, town, or county) |
| | 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF | N++ - C II I M I I |
| - | Burial 12-27-61 Washingto | Carlo Carlo |
| 1 | 23. FUNERAL DIRECTOR Home Walder | 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE / DEC 2 9 '61 Contact & Trans |
| | Huntt Juneral Home, Mary Ca | not DATE |
| | | |



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13859

| 1 | 1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Charles | | | | | | |
|---|--|--|----------------|--|--|--|--|--|
| | b. CITY OR TOWN (If outside carporate limits, write PURAL and give nearest lawn) La Plata. | GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |
| 6 | d. NAME OF HOSPITAL (If not in hospitol, give street address) PLysicians Wenned Hoppital | d STREET ADDRESS # 6. IS RESIDEN ON A FAR YES NO. | M? | | | | | |
| | 3. NAME OF DECEASED (Type or print) Samuel First Lindwood | HART OF DECEmber 22 19 | el | | | | | |
| | Male Whe WIDOWED DIVORCED [] | 220011 1011 82 yrs. | HRS. | | | | | |
| | 100. USUAL OCCUPATOR City with of hole of the 10b. KIND OF BUSINESS OR INDUSTRIBLE OF THE PROPERTY OF THE STATE OF THE STA | Corp. Texas usa | ITRY? | | | | | |
| 1 | Bemjamin Hart | 14. MOTHER'S MAIDEN NAME Carrie Harris | | | | | | |
| | | Thomas A Hart work (2010 | ا ح | | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under- | parction Interval Between ONSET AND DET MINISTER AND DET MINISTER ACTION Acylon 10 900 | | | | | | |
|) | CATIC | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NO. (Enter nature of injury in Part & or Part II of item 18.) | D3 | | | | | |
| | | ACE OF INJURY (Hame, farm, 20f. (City or town) (County) | C1 - 1 - 1 | | | | | |
| | | ACE OF INJURY (Hame, farm, † 20f. (City or town) (County) ('ctary, street, office bldg., etc.) | State) | | | | | |
| 1 | 21. I certify that (I) (this haspitol) attended the deceased from ONON 1961. to 2200, 1991, that (I) (we) lost sow the deceased alive on 2205 1961, and that death accurred and M. from the causes and on the date stated above. 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. DATE SIGNED 221. Tertify that (I) (this haspitol) attended the deceased from 1961. To 200 and 1961. | | | | | | | |
| | 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY O REMOVAL (Specify) 12/25/1961 Nanjemoy 3ap | 77 | d. | | | | | |
| 1 | 21. FUNDAL DIRECTOR'S SIGNAPURE on eval Thompsesse, one Archart Funeral Hore, Inc. to Plata | 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE | | | | | | |



TO MORPHIA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 mo. Removed by the hospital or afterfining physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Baard of Health priar to burial, cremation, ar remayol, and in any event, within 72 hours after affect.

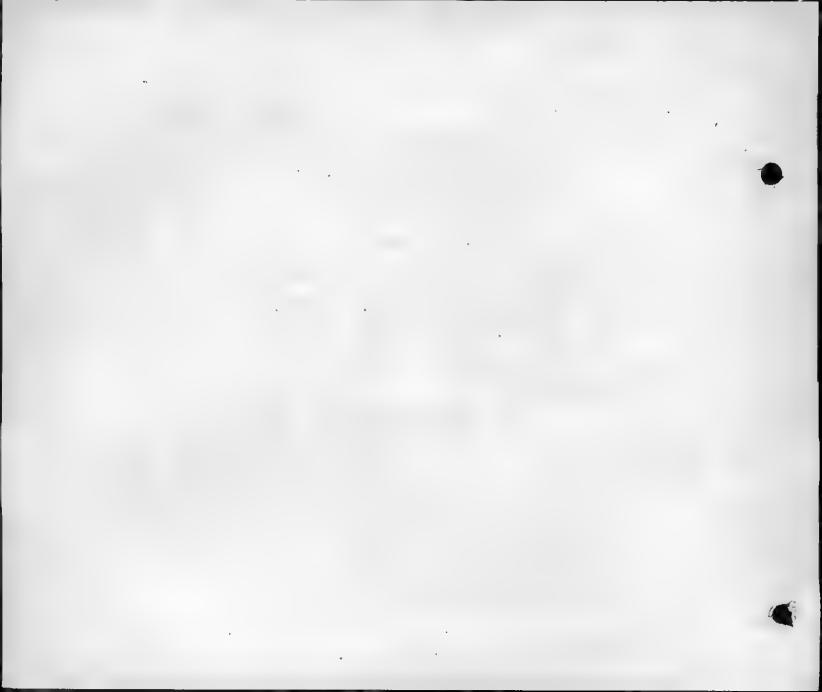
VR A15 (4) 15M 9/59

| MARYLAND | STATE | DEPARTMENT OF HEALTH |
|--------------------|----------|---------------------------------------|
| ION OF STATISTICAL | RESEARCH | I AND RECORDS - BALTIMORE 1, MARYLAND |

13850 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTII

CERTIFICATE OF DEATH

| O COUNTY HARLES MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b. COUNTY | | | | | |
|--|--|--|--|--|--|--|
| b. CITY OR TOWN (II) outside corporate limits, write c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | | | | | |
| d. NAME OF HOSPITAL (If not up haspital, give street address) OF INSTITUTIONS AND AND AND AND AND AND AND A | d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\sum \cdot \cd | | | | | |
| 3 NAME OF DECEASED (Type or print) Birst | HUNTER 1 DATE Month Day Year 2 1961 | | | | | |
| S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED | B. DATE OF BIRTH 1 - 13 - 83 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Glerk - Retired U.S. Gove 'nment' 13. FATHER'S NAME | Pennsylvania 14. MOTHER'S MAIDEN NAME | | | | | |
| (Jnknown) Grove | Isadora Kaler | | | | | |
| | 1321 Saulter Road, Birmingham | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. [b] DUE TO CC DUE TO CC DUE TO CC CC DUE TO DUE TO DUE TO CC DUE TO DUE TO DUE TO CC DUE TO DUE TO CC DUE TO DUE TO CC DUE TO CC DUE TO CC DUE TO CC DUE TO DUE TO CC DUE TO CC DUE TO CC DUE TO DUE TO CC DUE TO CC DUE TO CC DUE TO CC DUE TO DUE TO CC DUE TO CC | RY OCC 2 05/01/ 12-1-6/ R+ Schellosis - | | | | | |
| ICATIC | NOT RELATED TO THE TERMINAL DISEASE COND THON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | | | | | |
| | (Enter nature of injury in Port I or Port II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 19 at wark of work 19 of work | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.) | | | | | |
| 21 I certify that (1) (this hospital) attended the deceased from | 49 ·//? | | | | | |
| saw the deceased drive on 1 2 196 ond that death occurred of M, from the causes and an the date stated of the causes and an the causes are caused the causes and the causes are caused the causes and the causes are caused the causes and the causes are caused the caused the caused the causes are caused the caused | | | | | | |
| 122c PHYSICIAN'S ED. ED ELEA! | 22d. ADDRESS af Late Mise | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF | R CREMATORY 23d. LOCATION (City, tawn, or county) (State) | | | | | |
| | Gemetery 1t. Lobanon Pennovisania 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE | | | | | |



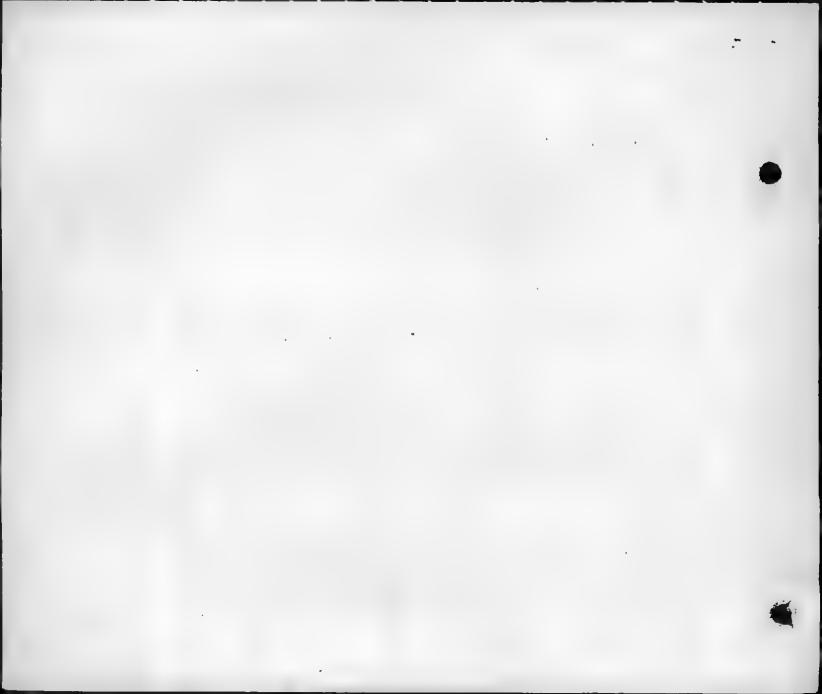
in by the funeral director, and 2 should be filed with Then please remave carbon papers. Pages TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely to page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

PITAL BR ATTEMBING PHYDICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TOA

VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAP

| | | 13861 | CERTIFIC | ATE OF DEATH | MORE I, MARICAND | 13835 | | | |
|---|--|--|--|--|---|--|--|--|--|
| | 1, P | COUNTY CHARLES | MARYLAN | O STATE | ere deceased lived If institution b. COUNTY | Residence before admission) Charle | | | |
| |) ь | CITY OR TOWN (If outside corporate limits, RURAL and give nearest fown) | write c LENGTH OF STAY IN I | Rural (| utside carporate limits, write RUF La Plata) | RAL and give nearest town) | | | |
| 6 | | NAME OF HOSPITAL (If not in haspital, given the property of th | norted (tospital | Route 6 | | e IS RESIDENCE ON A FARM? YES NO | | | |
| | 0 | AME OF ECEASED ype or print) JAMES | C. HALLES | LACEY | 4. DATE OF DEATH DECEN | | | | |
| | 5 S | 11000 | MARRIED MEVER MARRIED WIDOWED DIVORCED | コーラ しょしべん | | FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs Min | | | |
| | 10a. | USUAL OCCUPATION (Give kind of work do during most of working ife, even (fretired) FIRE FIGHTEIZ | TIRLIMAN | NOUSTRY 11. BIRTHPLACE (State of | or fareign country) | 12 CITIZEN OF WHAT COUNTRY? | | | |
| | 13. (| ATHERS NAME | Herry | 14. MOTHER'S MAIDEN N | AME A TEST | K | | | |
| | 15. 3 (Yes. | VAS DECEASEDEVER IN U. S ARMED FORCI | | FULLYN LACE | y, 1A 14TA | , MD | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | | | | | | | | |
| | | Canditions, if ony, which) (b) preumona deve to metastrois to lungs. 3dde | | | | | | | |
| | | gave rise to immediate couse (o), stating the under- lying cause last (c) | Carcina | of gall be | addu . | 9 mis. | | | |
| 5 | CERTIFICATION | PAIT II. OTHER SIGNIFICANT COND | TIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVE | N IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO P | | | |
| | 1 7 1 | 20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Ob DESCRIBE HOW INJURY OCCU | IRRED. (Enter nature of injury in P | Part I or Part II of item 18) | | | | |
| | MEDICAL | 20c TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 | 20d. INJURY OCCURRED 20e While Not while of work at work | PLACE OF INJURY (Home, form, foctory, street, office bldg., etc. | | (Caunty) (State) | | | |
| | | 21. I certify that (I) (this haspital) saw the deceased alive an | | | | _, 19.62. that (I) (we) last on the date stated above | | | |
| | | 22a. SIGNATURE | n. MD | | ED STAFF | 18 L SIGNED | | | |
| | | PHYS CIANS NAME TYPEHUR O. C. | UCCIDDY ALD | 22d ADDRESS LA PLA | TA, LAARYL | AND | | | |
| | 23a | BURIAL, CREMAT ON, 236 DATE THEREOF REMOVAL (Specify) | 23. NAME OF CEMETER | RY, OR CREMATORY | 23d LOCATION (City, town, or | county) (State) | | | |
| | 24 | UNERAL DIRECTOR'S SIGNATURE | ADDRESS | 250. REC'I | D BY REGISTRAR 256 REGIST | RAR'S SIGNATURE | | | |



CERTIFICATE OF DEATH RealDisk Na G of director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Udro the funeral should be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest-town) Esugaullie mos tomac Helahits d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Sarno Circle YES T NO D NAME OF Middle 4. DATE Month Year DECEASED 005 (Type or print) DEATH 201 196 5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 8. DATE OF SIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days DIVORCED [7] WIDOWED [7] popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ogo C Own Home ond DUSEWE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUCU 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MOS DUE TO permit. Conditions, if any, which Bued gave rise to immediate DUE TO cause (a), stating the underond lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work ρ. m. Dec 19 , 1961, that I last saw the deceased 21. I certify that I attended the deceased fram,... detoched , and that death occurred at 7.2 A.M. from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P shoul A. Jusan M.D. registror PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Fity Jown, or county) (State) REMOVAT (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRPSS 24a. REC'D 8Y REGISTRAR 24b. MEGISTRAR'S SIGNATURE VS A1S (4) DATEFO 2 6 '61 Eur & Flores 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT IC PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to funerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages, Fand 2, with the State Board of Health or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours effect death. VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13837

| 1 | 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where decessed lived, if institution: Residence before admiss on] |
|---------|--|
| | Charles MARYLAND Miryland Markank Prince George |
| | b. CITY OR TOWN (If outs de corporete limits, c. LENGTH OF STAY IN 1b c. C.TY OR TOWN (If out e corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) |
| 13 | Bryans Road d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS a. IS RESIDENCE ON A FARM? |
| | Billingslav Road YES NO X |
| 3 | NAME OF DECEASED (Type or print) Junes Joseph Smith Middle Lest 4. DATE OF DEATH OF DEATH 19 |
| 5 | S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Male Negro WIDOWED DIVORCED 12-17-10 |
| 11 | 10a. JSUAL OCCUPATION (Give kind of work down 10b. K ND OF BUSINESS OR NDJSTRY 11 BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Cachine Coorator USGovt. N.P.P. Piscataway Md USA |
| 1 | 13. FATHER'S NAME |
| | Verley Smith Geneva Manson |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unknown) (Ifyesgivewarordelesofservice) |
| | No Yes Thomas Liminson-Uncle. Wishington J.C. |
| | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Multiple-Extreme Immediate |
| | O Start DUE TO |
| 1. | Conditions, if ony, which \ (b)_Auto Accident_ |
| | geve rise to immediate ceuse (a), stelling the underlying DUE TO |
| | cause lest. (c) |
| 1 2 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(-6) 19. WAS AUTOPSY PERFORMED? |
| - 13 | None YES NO IX |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16) 19. WAS AUTOPSY PERFORMED? VES NO TO THE TERMINAL CAUSE WAS 2016. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING ACCIDENT—CAUSE OF DEATH. |
| A SOLVE | 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour 8,m, P.m.8: 30PM 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, streat, office bldg., etc.) Bryans Roa Md Charles Co. |
| | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspect on . Inquiry . and in my opinion |
| | death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner |
| | CHIEF MEDICAL EXAMINER |
| | ACTUAL SIGNATURE COLOR SIGNATURE 12-27-51 |
| 1 | EXAMINER'S DEPUTY MEDICAL EXAMINER. |
| - | NAME (Type) James E. Andrews MD. Address (Street, city, town, or county) |
| 2 | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GENETERY OR CREMATORY 22d. LOCATION (City, town, or country) |
| | Durial 1/2-x 61 10, 11/2 |
| 1 | 23, PUNERAL DIRECTOR MENERAL Home Halderf Med. 240. REC'D BY REGISTRAR 246. REGIS |
| | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

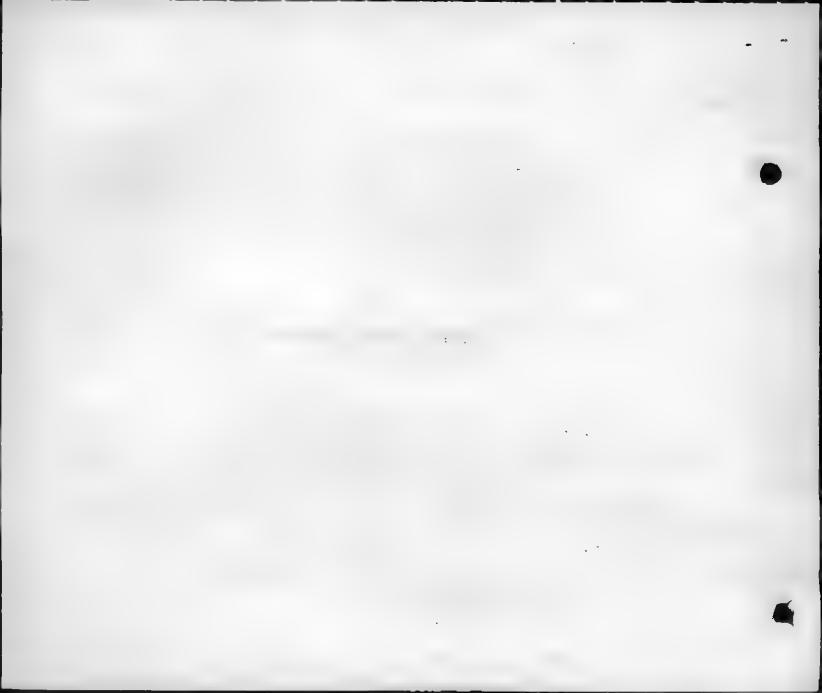
13864

13838

| _ | | |
|----------|--|---|
| 1. | PLACE OF DEATH COUNTY CHARLES MARYLAND | 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE /// ARYLAND b. COUNTY CHAILES |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) |
| | d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION A 4 5 CAA 5 / CENICRIAL HOSP | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) |
| 3. | NAME OF DECEASED (Type or print) E DECC A Middle | SWANN 4. DATE Month Day Year OF DEATH 12 30 196 |
| 5. | SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 8. DATE OF BIRTH ADRIL 29 1964 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. |
| 10 | On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) THOUSEWIFE DOMESTIC | USTRY 11. 8IRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY: L'. S. A. |
| 13 | JCSEPHE. WELCH | 14. MOTHER'S MAIDEN NAME DELITHIA GOLDSMITH |
| | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown? (If you, give wor or dates of service) | INFORMANT Address JRS. JAMES KERSEY, WALDORF, MD. |
| | 18. CAUSE OF DEATH [Enter only one cause per left for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the under. Lying cause last. | it skinen typ, interval setween onset and geary, |
| NOTTAC | Certis Vapular Neuce | THORELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NOW |
| CEPTIFIC | 200. ACCIDENT WAS UNDERLYING A 200. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) | RED. (Enter nature of injury in Port I or Part II of item 18.) |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F Hour o. m. 19 While Not while at work at work | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.) |
| | | death accurred atM, from the causes and an the date stated above |
| | 220. SIGNATURE ALC CE CO | M D PHYS . DIRECTOR PHYS |
| | 22c PHYSICIAN'S NAME (Types) EJ. EDELEN | 22d. ADDRESS Tallate nuc |
| 2 | 130 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY STANIZ, 1962 ST PE | TERS WALDORF, MD. |
| 2 | A. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE ALLEST + FIRE DAI HOME WALDON | 250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE JAN 3 '62 Cinhan Z. Thank |
| | ITIC TIUNITIENDELLAS INTELLORE | , Maria |

STAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral directar, and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if page 3 should be detached far use as the buriol-transit permit. Then please remove carban pages, the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTIK-DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY funeral director. Page sined for your files. a. STATE b. COUNTY Alter 140 delay is necessary, Charles MARYLAND Bryans Road Mi. Charles b. CITY OR TOWN (f outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I in its, write RURAL and give nearest town) write RURAL and give nearest lown) for your Bryans Road Bryans Road Md d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, Воаг d. STREET ADDRESS . IS RESIDENCE metained in State B Billingslev Road YES NO T death 3. NAME OF M ddla DATE Month DECEASED the (Typa or print) Harold wishi inton Sours after DEATH 12-22-61 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED Y 5. SEX IF UNDER 24 HRS. Baurs after deat ages 1, 2, and 3 8. DATE OF 8 RTH 9. AGE (in yours | IF UNDER 1 YEAR May lest birthday) hours Months aurust Male DIVORCED [1 and 2 Negro WIDOWED [18. Give Pages 1, 2, 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, aven if retired) Bryans Road Md Construction USa. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form PM3. Secelia Holt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) : (If yas giva wer or datas of servica) along with f -fransit permit and in any e Mrs. Secila Fishimaton -Mother- runs Road, Yes in pencil in Item 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Office alon Injuries Multiple Limediate IMMEDIATE CAUSE (a) burial-# removal, **DUE TO** Conditions, if any, which (b) Auto Accident gava rise to immediata cause Examiner's (DUE TO (a), stating the underlying causa last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? shouls be forwarded to the Chief Medical E None Medical should 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) forwarded to the Chief Me.

L DIRECTOR: Page 3 should and another prior to burial. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. overturned-Rillingsly Road-Near Bryans Road 1 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201, 101) or town 20c. TIME OF INJURY Month, Day, Year (actory, streat, off.ca bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X and in my opinion Suicide Homicide Undetermined manner death resulted from? Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED Shouls be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James E. Andrews NAME (Type) Addrass (Street, city, town, or county) Indian Head Md 22 BURIAL DEREMATION . 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) arlinston (0 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME DADEC 2 8 '61 5M 7/59 Colling & Thous

ON A FARM?

(Stata)

Year



√R A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| L | 12000 | CERTIFICA | TOOTO | | | | | |
|--|--|--|--|---|--|--|--|--|
| 1 | PLACE OF DEATH - COUNTY ARLES | MARYLAND | 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY CHARLES | | | | | |
| \perp | | | MARYLA | | | | | |
| | b. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | 18 days. | Rural 1 | utside corporate limits, write RURAL o Indian Head | end give nearest town) | | | |
| | d NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION MEMORIAL | and the state of t | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO | | | |
| 3. | NAME OF DECEASED (Type or print) | Middle | Wedding | 4. DATE OF DEATH DEC | 28 1961 | | | |
| | female 6. COLOR OR RACE 7. MARI | | 7/12/93 | 9 AGE (In years IF UN loss birthdoy) Mont | DER 1 YEAR IF UNDER 24 HRS. fis Doys Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSE CU (FE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | | | | | | | | |
| 1, | ANTHONY WYN | : N' | 14. MOTHER'S MAIDEN N | LLE SPARK | | | | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17.1 | GOODA UL | Address | HEAD MD | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per li | | - | .1 | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Т | 153 MAREDIATE CAUSE (a) MEMOUT hase, Signora, | | | | | | | |
| | Conditions, if ony, which) (b) Carcinona Simul 3 mas. | | | | | | | |
| n | gove rise to immediate couse (a), stating the under- lying cause lost. | | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVEN IN | PART I(o) 19. WAS AUTOPSY PERFORMED? | | | |
| 3 | | | | | YES NO 🗗 | | | |
| MODERATION | OR CONTRIBUTING CAUSE OF DEATH | CRISE HOW INJURY OCCURRE | D. (Enter noture of injury in I | Port I or Port II of item 18.) | | | | |
| A COLOR | 20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor | | ACE OF INJURY (Home, farm ctory, street, office bldg., etc. | | (County) (State) | | | |
| | 23. I certify that (I) (this haspital) attend | 1 1 | | 61, 10 28 Dec. 1 | | | | |
| | saw the deceased alive an 220. SIGNATURE | MEL 19 GET , and that o | ATTENDING M | M, fram the causes and an | 22b DATE | | | |
| | 22c PHYSICIAN S | MD | M.D. PHYS. DI | RECTOR PHYS | | | | |
| | NAME (Type) ARTHUR O. | COOODDY, M | | TA, MARYLAN | | | | |
| 2 | REMOVAL (Spec fy) | 23c. NAME OF CEMETERY C | S7 | 23d LOCATION (City, town, or cour | MD. | | | |
| 2 | FUNERAL DIRECTOR'S SIGNATURE THE HUNTT FUNCE OF HE | Me WALDECT | 250. REC' | D BY REGISTRAR 25b REGISTRAR 3 162 | | | | |
| 1 | 1 | D. C. | / / . ! . b/ | | | | | |

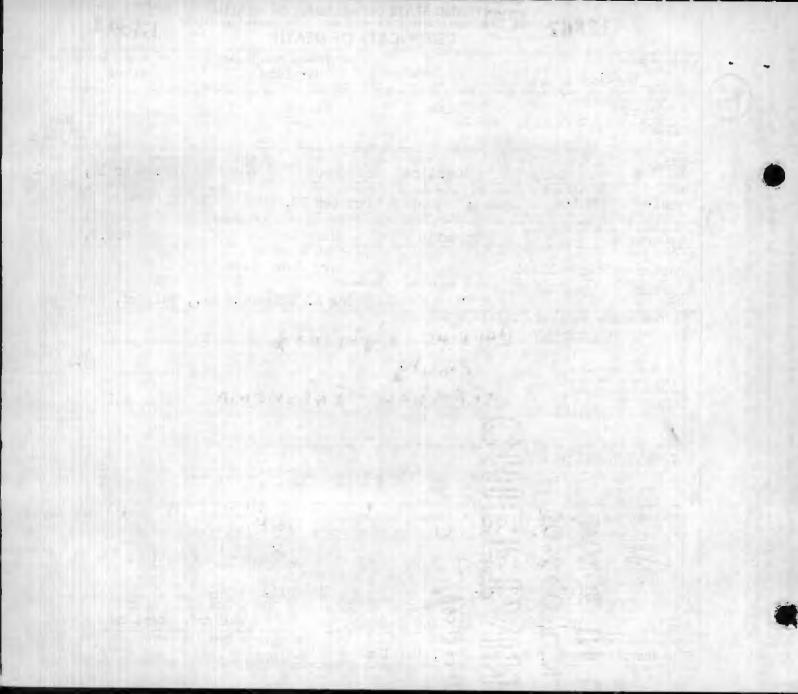


TO 6

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1386 PRIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | 4 | | | 11 | | | 1 10 1 10 1 10 1 | 0.11 | 1 2 | | | |
|--|--|-----------|---|-----------|---------------------|--|--|----------------|----------|-----------|------------------|--|
| 1. PLACE OF DEATH b. COUNTY Cha: | rles | | MARYLA | | STATE Maryla | | b. COUNTY | Charl | es es | re admiss | ion) | |
| b. CITY OR TOWN (I RURAL and give m Waldorf | f outside corparate limi earest lown) | 11Ь | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Waldorf | | | | | | | | | |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | | d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) | | | | | | |
| 3. NAME OF DECEASED (Type or print) | Mary | st | Magaline | Wil | kerson | 4. DATE OF DEATH | Mor De | cembe | r 19 | | Yeor 19 61 | |
| s. sex Female | 6. COLOR OR RACE | 7. MARR | D MEVER MARRIED | | tober 13, | 1872 | 9. AGE (In years last birthday) 9 yrs. | Months | Doys | Hours | R 24 HRS Min. | |
| Housewife | ON (Give kind of work king life, even if retired | done 10b. | Domestic | | MaryLand | 1 | ountry) | | S. | | OUNTRY | |
| 13. FATHER'S NAME | lter Willet | et. | | 14. | Mary Jane | | | | | | | |
| 15. WAS DECEASED EVE | | CES? 16. | social security no. | 17. INFOR | | | Add | lress ldorf | , Ma | aryla | and | |
| 434.4 Conditions, if o gove rise to i couse (a), staling lying couse lost. | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARDIAC ARDIAC ARDIAC ON Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. (b) ERMINAL NEVNONIA | | | | | | | | | 10a | | |
| САПС | | | CRIBE HOW INJURY OCC | | RELATED TO THE TERM | | | VEN IN FAR | (1 1(0) | PERFO | NO [] | |
| | | | | | | | | | (Stote | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | | | | | | | | | | | |
| 22c. PHYSICIAN'S | A.D. PHYS. DIRECTOR PHYS. 12-20. | | | | | | | | | | SIGNED | |
| NAME (Type) | George Web | | | | Waldor | | - | | | | | |
| 23a. BURIAL, CREMATIC REMOVAL (Specify) Burial | 12-22-6 | | Oakland Co | | | | tion (City, town, Ldorf, Ma | | nd | (Stol | e) | |
| 24, FUNERAL DIRECTOR | | g c s | ADDRESS | 3 3 | | C'D BY REGIS | | ISTRAR'S SI | GNATU | RE | | |
| The Huntt | Funeral Ho | ne. W | aldorf. Mar | yLand | DATE | DEC 2.2 | 161 | 2.75 | 0 - | | | |



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13868

CERTIFICATE OF DEATH

Reg. 5:3842

| | | | | | reg, yr | |
|--|---|--|---|----------------------------|----------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | Charles | MARYLAND | 2. USUAL RESIDENCE (V | | COUNTY | ce before admission) |
| RURAL ond give r | If outside corporate limits, write earest town? Idns Rodd | c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest town) **Bry and Road | | | | |
| | TAL (If not in haspital, give street | address) 1 | d. STREET ADDRESS | 31A Indi | ion Head | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | William | Samuel Samuel | Williams | 4. DATE OF DEATH | See | Day Year 17 1961 |
| 5. SEX Tale | 16. COLOR OR RACE 7. MARI | ED DIVORCED | B. DATE OF BIRTH | 1895 % AGE | | Days Haurs Min. |
| during mant of wor | ON (Give\find of work done 10b. king life, even if retired) | KIND OF BUSINESS OR INDU | Wicomic | o Chas. Co. | and A | U-S. |
| 13. FATHER'S NAME | in Williams | | Diding. | Sus ll wo | ood | |
| 15. WAS DECEASED EV | R IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. | Pas Hattie Wil | Coms Et | Address 1 Bux 131A | - Indianthe ud 0) |
| | ATH [Enter only one couse per like ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | ne for (a), (b), and (c).] Ngs cery | ice lufe. | return | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if a gave rise to cause (a), stating | mmediate (DUE TO | Hypertens | ise thent | Susena | | logas. |
| lying couse lost. |) (c) | CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TER | MINAL DISEASE COND | ITION GIVEN IN PAR | T I(a) 19. WAS AUTOPSY PERFORMED? YES NO SO |
| (IF EITHER, NOTIFY | AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in | n Port I or Port It af ite | em 18.) | |
| 20c. TIME OF INJUI Hour o. m. p. m. | Y Month, Day, Year 20d. If 19 While of wor | Nat while fo | ACE OF INJURY (Hame, for ictory, street, office bldg., e | rm, 20f. (Cily ar town | n) ((| County) (State) |
| 21. I certify to alive an | at I attended the decease 196 | , and that death | | ADDRESS (Street, city | causes and on th | last saw the deceased the date stated above. DATE SIGNED TE (2)(7/6) |
| PHYSICFAN'S NAME (Type) | Frank A- | Susan M.d. | <u> </u> | Indian H | ead. ota | 1 |
| 220- BURIAL, CREMATIC REMOVAL (Specify | DN, 22b. DATE THEREOF 1 2-20-61 | 22c. NAME OF CEMETERY C | SEPHS | 22d. LOCATION (CI | ity, town, or county) -RET | (Stote) |
| The HUNI | 11/ | ADDRESS Me, WALDORF | MD. DATE | | 246. REGISTRAR'S SIG | |

